



# CITY OF PULLMAN

EMPLOYMENT APPLICATION-POLICE AND FIRE

325 S.E. PARADISE STREET

PULLMAN, WA. 99163

(509) 338-3207

THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY "AT WILL" EMPLOYER. IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CONTACT THE HUMAN RESOURCES DEPARTMENT AT (509) 338-3207. T.D.D. 1-800-833-6388

**An incomplete application may delay action or disqualify you.  
Please type or use ballpoint pen in completing this application.**

POSITION APPLIED FOR: \_\_\_\_\_ POLICE OFFICER \_\_\_\_\_ FIREFIGHTER

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST. \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_ (MSG) \_\_\_\_\_

Please answer the following questions:

Do you realize that these jobs can be hazardous?

\_\_\_ Yes \_\_\_ No

Do you realize that you may be working rotating shifts (police) or 24-hour shifts (fire)?

\_\_\_ Yes \_\_\_ No

You will have to submit to a polygraph test for police positions, is this acceptable?

\_\_\_ Yes \_\_\_ No

Do you realize that you will be required to take a physical agility test?

\_\_\_ Yes \_\_\_ No

If hired for a police officer position, you will have to attend and successfully complete a 720-hour police academy and take a medical examination which also screens for drug use, is this acceptable?

\_\_\_ Yes \_\_\_ No

## EDUCATION

School	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate				
Graduate				
Other				

PLEASE LIST ANY OTHER TRAINING YOU HAVE HAD WHICH COULD BE RELEVANT TO THE QUALIFICATIONS NEEDED FOR THE JOB (INCLUDE MILITARY TRAINING, IF APPLICABLE):

---

---

---

# WORK HISTORY

RESUMES MAY BE ATTACHED BUT WILL NOT BE ACCEPTED AS A SUBSTITUTE FOR COMPLETING THIS SECTION. BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYMENT, LIST YOUR WORK EXPERIENCE FOR AT LEAST THE LAST TEN YEARS, INCLUDING PERIODS OF SELF-EMPLOYMENT & U.S. MILITARY SERVICE. ATTACH SEPARATE SHEETS IF NECESSARY. IF AN ANSWER IS NOT KNOWN, PUT N/A.

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	
<b>Reason for Leaving:</b>			<b>May we Contact:</b> ____ Yes ____ No

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	
<b>Reason for Leaving:</b>			<b>May we Contact:</b> ____ Yes ____ No

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	
<b>Reason for Leaving:</b>			<b>May we Contact:</b> ____ Yes ____ No

<b>Employer:</b>	Dates Employed		Work Performed
<b>Address:</b>	From	To	
<b>Telephone:</b>			
<b>Job Title:</b>	Hrly Rate/Salary		
<b>Supervisor:</b>	Start	Final	
<b>Reason for Leaving:</b>			<b>May we Contact:</b> ____ Yes ____ No

ATTACHED ADDITIONAL SHEETS IF NECESSARY.

## REFERENCES

**PLEASE PROVIDE NAMES OF ADDITIONAL REFERENCES (OTHER THAN PREVIOUSLY LISTED SUPERVISORS) WHO CAN PROVIDE INFORMATION CONCERNING YOUR CHARACTER AND QUALIFICATIONS RELATIVE TO THE POSITION.**

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_
2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_
3. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
COMPLETE ADDRESS: \_\_\_\_\_

## MISCELLANEOUS

DRIVER'S LICENSE - Do you have a valid driver's license? ☐ Yes ☐ No

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Restrictions: \_\_\_\_\_

**List below all driving citations or notices of infraction (excluding parking tickets) which have resulted in convictions or forfeitures of bond within the past three years.**

DATE	OFFENSE	LOCATION (CITY, STATE)

**I AUTHORIZE THE CITY OF PULLMAN TO RUN A DRIVER'S LICENSE INVESTIGATION FOR THE LAST FIVE YEARS FOR THE PURPOSE OF POSSIBLE EMPLOYMENT.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

CONVICTIONS - Have you been convicted of a felony or misdemeanor within the last seven years? ☐ Yes ☐ No

If yes, list the city, charge, date, and the disposition:

\_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**U.S. MILITARY SERVICE:** ☐ YES ☐ NO **DISCHARGE STATUS:** \_\_\_\_\_

**BRANCH OF SERVICE:** \_\_\_\_\_ **DATE IN:** \_\_\_\_\_ **DATE OUT:** \_\_\_\_\_

**SPECIALITY:** \_\_\_\_\_

Are you claiming Veteran's Preference? ☐ Yes ☐ No **If yes, you must submit a copy of your DD214 with this application.**

Are you currently a City of Pullman Police or Firefighter Reserve Officer? ☐ Yes ☐ No

Are you related by blood, adoption, or marriage to any current city employee? ☐ Yes ☐ No

Employee name and position: \_\_\_\_\_

# COMMUNICATION SKILLS

Why do you want to be a police officer or firefighter for the city of Pullman?

---

---

---

What knowledge, skills, and abilities do you possess which make you uniquely suited to be a police officer or firefighter?

---

---

---

---

List below any formal training (high school or college course work or seminars or workshops) you have taken to improve your oral or written communication skills.

---

---

---

---

## DECLARATION

**I DECLARE MY ANSWERS TO THE QUESTIONS ON THIS APPLICATION TO BE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT OR SUBSTANTIAL OMISSION OF FACT MAY BE CAUSE FOR NOT CONSIDERING ME FOR HIRE OR, IF ALREADY HIRED, MAY BE CAUSE FOR DISCHARGE. I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS MADE ON THIS APPLICATION AS WELL AS A FULL BACKGROUND CHECK AND WAIVE ALL CLAIMS AGAINST THE CITY OF PULLMAN AND ALL INDIVIDUAL PARTIES FOR DAMAGES WHICH MIGHT OCCUR BY REASON OF SUCH INVESTIGATION.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**EMPLOYMENT IS CONTINGENT UPON THE SUCCESSFUL COMPLETION OF AN EMPLOYMENT ELIGIBILITY VERIFICATION (FORM I-9) [P.L. 99-603: U.S. IMMIGRATION REFORM AND CONTROL ACT OF 1986]; AND, WHEN APPLICABLE, AN APPLICANT DISCLOSURE FORM (PURSUANT TO CHAPTER 486, LAWS OF 1987 AS AMENDED) AND WASHINGTON STATE PATROL CRIMINAL HISTORY BACKGROUND CHECK (R.C.W. 43.43.830-840).**

**THE CITY OF PULLMAN IS AN EQUAL OPPORTUNITY EMPLOYER AND ASSURES EQUAL EMPLOYMENT REGARDLESS OF RACE, CREED, COLOR, ETHNICITY, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, OR THE PRESENCE OF ANY SENSORY, MENTAL, OR PHYSICAL DISABILITY.**